

## APPENDIX FORM E: CREDIT REPORT AUTHORIZATION

**Contractors and their owners may be required to submit credit reports with their initial application for licensure, or their renewal of licensure.**

Pursuant to Utah Administrative Code R156-55a-306(1) credit reports must be from all three bureaus, Experian, Trans Union, and Equifax or merged into one complete credit report. For individuals, a NACM credit report provides the merged reports required. Visa and MasterCard, cash, check, or money order accepted.

You can submit this form directly to DOPL with credit card authorization for payment, or pay at NACM and attach a receipt to this form before sending it to the Division of Occupational & Professional Licensing. For security and confidentiality purposes, the report(s) will print directly to the state offices.

Or, you can obtain the required credit reports and submit them to DOPL on your own. Credit reports for contractor licensing can be obtained through:

**NACM Business Credit Services**

PO Box 460

Midvale, UT 84070-0460

7410 S Creek Road, Ste. 301, Sandy, Utah 84093

Telephone: (801) 487-8786, 800-977-6226, FAX (801) 484-1891 [www.nacmint.com](http://www.nacmint.com)

### PERSONAL CREDIT REPORT REQUESTED

Last Name:		First Name:		Middle Name:	
Date of Birth:	Social Security Number: - -		If Joint, Spouse Name:		
Phone:	FAX Number:		Spouse Social Security Number: - -		
Address:			Spouse Date of Birth:		
City:			State:		Zip Code:
TYPE OF REPORT REQUESTED:			Cost	Paid	NACM Stamp & Date
<input type="checkbox"/> Individual Experian, Trans Union, Equifax Merged Credit Report			\$23.00	<input type="checkbox"/>	
<input type="checkbox"/> Colorado Applicants Must Add \$9.00 Sur-Charge For Individual			\$32.00	<input type="checkbox"/>	
<input type="checkbox"/> Joint Merged Credit Report- Husband & Wife <i>(Please include spouse name &amp; social security # above)</i>			\$34.00	<input type="checkbox"/>	
<input type="checkbox"/> Colorado Applicants Must Add \$18.00 Sur-Charge For Joint			\$52.00	<input type="checkbox"/>	

### BUSINESS CREDIT REPORT REQUESTED

Company Name:			
Employer Identification Number (EIN)*:			
*If this company is a sole Proprietorship, please provide the following:			
Owner's Name:		Social Security Number: - -	Date of Birth:
Phone:		FAX Number:	
Address:			
City:		State:	Zip Code:
TYPE OF REPORT REQUESTED:		Cost	Paid
<input type="checkbox"/> Experian Business Credit Report		\$50.00	<input type="checkbox"/>
NACM Stamp & Date			

### PAYMENT

Cash Payment Can Be Made At:		NACM Business Credit Services 7410 S Creek Road, Ste. 301 Sandy, Utah 84093	
<input type="checkbox"/> VISA	Number:		Expiration Date:
<input type="checkbox"/> Master/Card			
<input type="checkbox"/> American Express			
Name As It Appears On The Above Credit Card:			

I hereby authorize the release of all information, including credit information contained in my (our) account file to NACM Intermountain. I further authorize that a photocopy of this form may be accepted as the original.

Applicant's Signature:	Signature Date:
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**THIS FORM MUST BE SIGNED AND DATED!**